



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

**COMMISSION ON ADULT ENTERTAINMENT
ESTABLISHMENTS**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR ADULT ENTERTAINMENT ESTABLISHMENT LICENSE
INSTRUCTION SHEET**

What is an Adult Entertainment Establishment?

An Adult Entertainment Establishment is any commercial establishment, business or service, or portion thereof, which offers sexually oriented material, devices, paraphernalia or specific sexual activities, services, performances or any combination thereof, or in any other form, whether printed, filmed, recorded or live. It includes, but is not limited to, these types of adult entertainment:

- Adult book stores
- Adult motion picture theatres
- Adult shows or adult peep shows
- Conversation parlors, relaxation studios, health salons or call services

The application asks you to select which of the above types of entertainment most closely describes your business. The law defines each type at [24 Del. C. §1602 \(2\)](#).

Requirements for All Applications

The form and procedure are the same for a new license as for renewing an existing, active license except where noted in the instructions below.

- ☐ Submit completed, signed and notarized [Application for Adult Entertainment Establishment License](#).
- The person who is responsible for submitting the application and who must personally appear before the Commission depends on the type of business, as follows:

IF the establishment is a...	THEN the responsible person is...
Sole proprietorship	the sole proprietor.
Corporation	a director of the corporation.
Partnership or other unincorporated association	a general partner or member on behalf of the association.

- Applications that are unsigned, incomplete, not notarized or not accompanied by the required fee will be rejected.
- In addition to submitting the application, the responsible person must appear personally before the Commission. During that appearance, he or she will sign the *Affidavit of Applicant* to attest to the truthfulness of the information provided on the application ([24 Del. C. §1615](#)).

- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware"
- ☐ Enclose Letters of Clearance from the county to establish that the establishment complies with all applicable land use (zoning) requirements.
- If you are filing an application to **renew an active establishment license** where compliance with land use requirements was previously established, you may submit an affidavit (notarized statement) in lieu of Letters of Clearance. The affidavit must state that *nothing has changed with regard to the establishment's location and zoning*.
- ☐ Enclose copies of all state/city business licenses, including state Division of Revenue license.

- ☐ If the business is a corporation, submit a copy of the Certificate of Incorporation certified by the Secretary of State of the state of incorporation.
 - If the corporate owner is a foreign corporation, submit a copy of the certificate prescribed by [8 Del. C. §371 \(c\)](#),
- ☐ Submit *Certificate of Individual* forms completed and signed by the following persons. You may copy the form provided in this packet or download the [fillable version](#) available on the Commission's website.
 - ☐ Person responsible for submitting application and appearing personally before the Commission.
 - ☐ Manager who will be responsible for the day-to-day operations of the business.
 - ☐ **Each** employee of the business. Employees must be at least 18 years of age.
 - ☐ **Each** independent contractor
 - ☐ **Each** person who is responsible for procuring sexually-oriented material
 - ☐ If the business is a corporation, **each** director, officer and principal stockholder of the corporation.
 - ☐ If the business is a partnership or unincorporated association, **each** partner of the partnership or member of the unincorporated association
- All *Certificate of Individual* forms must be signed before a notary.
- All *Certificate of Individual* forms must be accompanied by a clear color photo, 2" x 2", taken within 30 days of submitting the application and affixed where shown on the form. Photos must reveal front view, full face, head and shoulders. The face must not be concealed by a hat, hood, dark glasses or other apparel.
- All *Certificate of Individual* forms must be accompanied by a copy of the person's Social Security Number card and driver's license.
- If any person listed above does not have a U.S. SSN, he or she must also complete and submit a [Request for Exemption from Social Security Number Requirement](#).
- ☐ Arrange for the Commission office to receive criminal history records on **each** person who is required to file a *Certificate of Individual* form (listed above).
 - **Each person** must complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks.
 - Follow the instructions on the *Criminal History Record Check Authorization* form to be fingerprinted. Submit the forms to the State Bureau of Identification. **Do not send these forms to the Commission office!**
 - **Allow at least four weeks for the State Bureau of Identification to send the criminal history records to the Commission office.**

Reporting Changes

You are required to notify the Commission office *in writing* within ten days of any change in the persons listed above. For example, a report is required if the manager responsible for day-to-day operations leaves the business or if an employee quits.

If the change involves a person who has not previously submitted a *Certificate of Individual* form, submit a *Certificate of Individual* form completed and signed by the person. For example, a *Certificate of Individual* form must be submitted if a new employee is hired or a new corporate director is named.



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APPLICATION FOR ADULT ENTERTAINMENT ESTABLISHMENT LICENSE

TYPE OF APPLICATION

1. Select the description that applies to you (check one):

☐ I am applying for an **original** license. Select which of the following most closely describes the type of adult entertainment. Refer to [24 Del. C. §1602 \(2\)](#) for the definition of each type).

☐ Book Store ☐ Motion Picture Theatre ☐ Show (includes Peep Show)

☐ Other (includes conversation parlor, relaxation studio, health salon or call service) – Describe:

☐ I am applying to **renew** license number **AE** - _____ that expires on _____.

Date

2. Select the type of ownership (check one):

☐ Sole Proprietorship. ☐ Corporation ☐ Partnership ☐ Unincorporated Association

ESTABLISHMENT INFORMATION

3. Name of Entertainment Establishment: _____

4. Establishment **Mailing** Address: _____

_____ City _____ State _____ Zip

5. Establishment **Location** Address: _____

Street Address - No PO Box!

_____ City DE State _____ Zip

6. Federal Employer Identification Number (EIN): _____

7. Is this establishment in the same building as another adult entertainment establishment or in a separate building that is less than 1500 feet from another adult entertainment establishment? Yes ☐ No ☐

8. Is this establishment located within 500 feet of any residence or school bus stop, regardless of zoning? Yes ☐ No ☐

9. Is this establishment located within 2800 feet of any church or school? Yes ☐ No ☐

Enclose Letters of Clearance from the county stating that the establishment complies with all applicable land use (zoning) requirements. If this is a renewal and the establishment's location and zoning have not changed, you may enclose an affidavit, in lieu of Letters of Clearance, stating that nothing has changed.

10. Does this business have all required state/city business licenses? Yes ☐ No ☐

Enclose copies of all state/city business licenses, including state Division of Revenue license.

INFORMATION ABOUT OWNERSHIP

11. Enter this information about the person who is responsible for submitting this application and who will **appear personally** before the Commission. (If "sole proprietorship" is checked in Question 2, this person must be the proprietor. If "corporation" is checked, this person must be a director of the corporation. If "partnership or other unincorporated association" is checked, this person must be a general partner or member of the association.)

Full Name: _____
Last First Middle

Select Position (check one):

- ☐ Sole Proprietor – skip to **INFORMATION ABOUT MANAGEMENT** section.
- ☐ Corporate Director – continue with Question 12.
- ☐ Partner – skip to Question 14.
- ☐ Member of Unincorporated Association (specify): _____. Skip to Question 14.

Submit a signed, completed and notarized *Certificate of Individual* from this person. In addition, arrange for the Commission office to receive a criminal history record on the person above.

12. Complete the following information about the corporation's directors, officers and principal stockholders. You may omit the director already named in Question 11. If you need more room, attach a separate sheet.

FULL NAMES OF DIRECTORS	FULL NAME AND POSITION OF OFFICERS	PRINCIPAL STOCKHOLDERS

Submit a signed, completed and notarized *Certificate of Director, Officer or Principal Stockholder* from each person listed above. In addition, arrange for the Commission office to receive a criminal history record on each person listed above.

13. Complete the following information about the corporation's stockholders. You may omit the principal stockholders already listed in Question 12. If you need more room, attach a separate sheet. When complete, skip to **INFORMATION ABOUT MANAGEMENT** section.

FULL NAME	ADDRESS (as of 30 days or fewer of this application)

14. If the business is a partnership, list the partners here. If the business is an unincorporated association, list the members of the corporation. You may omit the partner/member already listed in Question 11. If you need more room, attach a separate sheet.

FULL NAME OF PARTNER/MEMBER

Submit a signed, completed and notarized *Certificate of Individual* from each person listed above. In addition, arrange for the Commission office to receive a criminal history record on each person listed above.

INFORMATION ABOUT MANAGEMENT

15. Enter this name of the person who will be responsible for the day-to-day management of this establishment:

Full Name: _____
Last First Middle

Submit a signed, completed and notarized *Certificate of Individual* from the manager. In addition, arrange for the Commission office to receive a criminal history record on the manager.

INFORMATION ABOUT EMPLOYEES & OTHERS WORKING IN THE BUSINESS

16. List each employee of the business below. If you need more room, attach a separate sheet.

EMPLOYEE FULL NAME	JOB

Submit a signed, completed and notarized *Certificate of Individual* from each employee listed. In addition, arrange for the Commission office to receive a criminal history record on each employee listed above.

17. Does this business have any independent contractors? Yes ☐ No ☐ If yes, list each independent contractor of the business below. If you need more room, attach a separate sheet.

INDEPENDENT CONTRACTOR FULL NAME

Submit a signed, completed and notarized *Certificate of Individual* from each person listed. In addition, arrange for the Commission office to receive a criminal history record on each person listed above.

18. List each person responsible for procuring sexually-oriented material for the business. If you need more room, attach a separate sheet.

PROCURER FULL NAME

Submit a signed, completed and notarized *Certificate of Individual* from each person listed. In addition, arrange for the Commission office to receive a criminal history record on *each* person listed above.

To ensure consideration of your license application at the next Commission meeting, the Commission office must receive all of these items no later than 4:30 PM ten full working days before the Commission's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded.

AFFIDAVIT

The applicant, being duly sworn, does depose and say that this application to operate an adult entertainment establishment is his/her act and deed and that the facts stated herein are true. The applicant agrees to notify the Commission in writing, by filing the appropriate *Certificate*, within ten days of any change in the ownership, management or employees of this establishment.

Applicant Signature: _____ Date: _____

(If the establishment is a sole proprietorship, the person who signs this form must be the proprietor. If the establishment is a corporation, the person who signs this form must be a director of the corporation. If the establishment is a partnership or an unincorporated association, the person who signs this form must be a partner or member.)

State of _____, County of _____

In said county on this _____ day of _____ 2_____,
_____ personally appeared before me, has been duly sworn, deposes,
and says that he or she has read carefully and truthfully answered the above questions.

Notary Public Signature: _____

SEAL

My Commission Expires: _____

**APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE
REQUIRED FEE WILL BE REJECTED.**



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**APPLICATION AFFIDAVIT
BEFORE THE COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS**

INSTRUCTIONS

The person who submits the application and who will appear personally before the Commission must sign this affidavit **at the Commission meeting. DO NOT SIGN THIS FORM UNTIL YOU ARE AT THE MEETING**, in the presence of the Commissioners, as required by law.

1. Name of Establishment: _____
2. Type of Adult Establishment Application Submitted:
☐ Retail
☐ Entertainment: ☐ Book Store ☐ Motion Picture Theatre ☐ Show (includes Peep Show) ☐ Other
3. Name of Applicant Appearing Before Commission: _____
4. Select Position (check one):
☐ Sole Proprietor ☐ Corporate Director ☐ Partner
☐ Member of Unincorporated Association (specify): _____

The applicant, being duly sworn, does depose and say that this application to operate an adult entertainment establishment is his/her act and deed and that the facts stated herein are true.

Applicant Signature: _____ **Date:** _____

State of _____, County of _____

Sworn and subscribed before me this _____ day of _____ 20____.

Commissioner Signature: _____



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CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH ADULT ESTABLISHMENT

INSTRUCTIONS

This form is to be completed by individuals associated with an adult establishment for which a licensure application has been filed with the Commission on Adult Entertainment Establishments. Individuals who are required to complete this form include those associated with the establishment in the manner listed in Question 4 below.

1. Name of Establishment: _____
2. Establishment **Location** Address: _____
Street Address - No PO Box!

City State Zip
3. Type of Adult Establishment:
☐ Retail
☐ Entertainment (check one of the following):
☐ Book Store ☐ Motion Picture Theatre ☐ Show (includes Peep Show) ☐ Other
4. Select your association with the establishment named (check all that apply):
☐ Sole Proprietor ☐ Partner/Owner ☐ Member of Unincorporated Association/Owner
☐ Corporate Director ☐ Corporate Officer ☐ Principal Stockholder
☐ Manager ☐ Employee
☐ Individual Responsible for Procuring Sexually Oriented Material (does not apply to Retail Establishments)
☐ Independent Contractor (does not apply to Retail Establishments)
5. Full Name: _____
Last First Middle
6. Other Names Used: _____
Include names such as aliases, maiden name, former married names, alternate spellings or punctuation
7. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
8. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter SSN: _____ and attach copy of SSN card. If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to you: You are required to provide a U.S. SSN by 24 Del. C. §1613. The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

**AFFIX RECENT 2" X 2"
COLOR PHOTO**

9. Driver's License Number: _____ State: _____ **Attach copy of license.**

10. **Residence** Address: _____
Street Address - No PO Box!

_____ City _____ State _____ Zip _____

11. Place of Employment: _____

12. **Employment** Address: _____

_____ City _____ State _____ Zip _____

13. Employer Phone: _____

14. If you are an independent contractor, what is your job at the establishment named above? _____
_____ Delaware Division of Revenue License Number: _____

15. Have you been the subject of any administrative penalties regarding your involvement with adult entertainment or retail establishments, such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender? Yes ☐ No ☐ **If yes, submit a letter giving a full explanation. Include copies of all appropriate records.**

16. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to be fingerprinted.

AFFIDAVIT

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the adult entertainment establishment named above, in the capacity indicated, and certify that the facts stated herein are true.

Signature: _____ **Date:** _____

State of _____, County of _____

In said county on this _____ day of _____ 2_____,
_____ personally appeared before me, has been duly sworn, deposes,
and says that he or she has read carefully and truthfully answered the above questions.

Notary Public Signature: _____

SEAL

My Commission Expires: _____

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS
Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name First Name Middle Initial Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.